

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593449

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		5		1		
17		5		1		
18		1		1		
19		1		1		
20		2		1		
21		1		1		
22		1		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45	1		1			
46		0		1		
47		0		1		
48		0		1		
49		0		1		
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	69	←	48	←		←
TOTAL CLAIMS	71		50			